

SERVICE CONTRACT INPUT FORM

Department/Organization Name



**The Commonwealth of Massachusetts
Office of the Comptroller**

Revised: 8/8/01

Document ID				SC Date	Acctg Prd	Bud FY	Action: Entry (E) Modify (M)	Rush Ind:
Trans SC	Dept	R/Org	Number					
Vendor Code		Name			Vendor Type		Comments:	

Ready Payment Number	Ready Payment Start Date	Ready Payment End Date	RP Sched ID	Contract Bid Type
Document Total	Contract Renewal Amount	Outside Payment	Annualization	

Bill To: _____ _____ Attn: _____ Comments: _____	Ship To: _____ _____ Attn: _____ Sequence # _____
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Reference Document ID					LN	Ref Serv Agrmnt	Dept	Orgn/Sub	Approp	Sub	Obj	Obj/Sub	Prog
LN	Trans	Dept	Org	Number									
Status	TY	PRJ/CL/GRC			ACTV	RPTG	Serv Code	Serv Unit	Catalog Number	C/D Unit	Cpcty		
Dates of Service To		O-Y Obligation			Num Units	I/D	Rate	I/D	Line Amount	I/D	P/F	Ready Payment	Text

Prepared By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____

Page _____ of _____

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations.

Approved By: _____ Title: _____ Date: _____ Phone #: _____